

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09760274	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1						51	1		
2		1					52	1		
3		1					53	1		
4		1					54	1		
5		1					55	1		
6		1					56	1		
7		1					57			
8		1					58			
9		1					59			
10		1					60			
11		1					61			
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17		1					67			
18		1					68			
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27		1					77			
28		1					78			
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33		1					83			
34		1					84			
35	1						85			
36		1					86			
37		1					87			
38		1					88			
39	1						89			
40	1						90			
41		1					91			
42		1					92			
43	1						93			
44		1					94			
45		1					95			
46		1					96			
47		1					97			
48		1					98			
49	1						99			
50		1					100			
TOTAL IND.							TOTAL IND.	8		
TOTAL DEP.							TOTAL DEP.	48		
TOTAL CLAIMS							TOTAL CLAIMS	56		

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